
PEDIATRIC TRAUMA TRIAGE CRITERIA

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Any pediatric trauma patient with one or more of the following conditions requires communication and expeditious packaging and transportation to the closest most appropriate Trauma Center: **Anytime the patient's airway cannot be adequately secured, transport to the closest appropriate receiving hospital for airway stabilization.** In areas, greater than twenty minutes from a trauma center, contact Trauma Base Hospital for medical control and for destination decisions if at all possible.

A. PHYSIOLOGIC CRITERIA

1. GCS \leq 12
2. Any child 15 or less involved in a traumatic event with signs and symptoms of shock.
3. Abnormal vital signs for age and weight.

B. ANATOMIC CRITERIA

1. Assisted or intubated airway
2. Respiratory distress / multiple times suctioned
3. Penetrating wounds to the head, neck, thorax, abdomen, pelvis, or extremities proximal to the elbow or knee including impaled objects.
4. Chest injuries, suspected rib fractures or significant echymosis.
5. Trauma resulting in paralysis, suspected spinal cord injury or loss of sensation.
6. Open or 2 or more fractures
7. Pelvic fractures.
8. Amputations proximal to wrist or ankle
9. Traumatic burns (In San Bernardino County contact ARMC)
 - a. $> 10\%$ TBSA or involving face, airway, hands, feet or genitalia
 - b. Any electrical burn
10. Altered mental status
11. Major soft tissue disruption
12. Degloving injury or flap avulsion

C. MECHANISM OF INJURY CRITERIA

1. High energy event – Risk for severe injury
2. Surviving victims of any vehicular accident in which fatalities occurred in the same passenger compartment
3. Falls greater than 3 times the child's height or greater than twenty (20) feet.
4. Auto-pedestrian / auto-bike > 5 mph impact or rider thrown or rider run over.
5. Persons ejected from any motorized vehicle.
6. Patients requiring extrication greater than 20 minutes.

D. ADDITIONAL CRITERIA

1. If there is a clear history of a loss of consciousness and none of the above criteria are met, then contact a trauma base for physician consultation to determine appropriate patient destination.
2. Base Hospital Contact is required for any patient exhibiting one or more of the above criteria for medical oversight and consultation as to destination and treatment.